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**MULTIPLE IDENT CLAIM  
FEE SCHEDULE SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 28 1787737 FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				61							
2	/		/				62							
3	/		/				63							
4	/		/				64							
5	/		/				65							
6	/		/				66							
7		6		1			67							
8		6		1			68							
9		6		1			69							
10		6		1			70							
11		6		1			71							
12		6		1			72							
13		6		1			73							
14		6		1			74							
15		6		1			75							
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48														
49														
50														
TOTAL IND.	6		6				TOTAL IND.							
TOTAL DEP.	22		21				TOTAL DEP.							
TOTAL CLAIMS	28		27				TOTAL CLAIMS							

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